



CALIFORNIA DEPARTMENT OF REHABILITATION FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES SUMMER TRAINING AND EMPLOYMENT PROGRAM FOR STUDENTS (STEPS) 2021 PARTICIPATING PARTNERS FORM

rganization (Applicant) Name:	
ddress:	
esignated Contact Person and Title:	
hone:	
mail:	

Please complete the following table. Include the following types of partners: local DOR District Administrator, participating schools, and participating employers. You may add additional lines to the table as needed.

Local DOR District Administrator					
Name	Contact Information				
Participating Schools					
Name	Address	Contact Person	Phone		
Participating Employers					
Name	Address	Contact Person	Phone		